

ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

# Harmonizing Access and Flow Across the ZSFG Campus

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# ZSFG TRUE NORTH





# PROBLEM STATEMENT

While ZSFG is engaged in battling the COVID-19 pandemic it must continue its True North goal of improving access and quality care for our patients.

Yet, ZSFG lacks a clear and unified strategy for how to drive, improve, and sustain improvements with respect to quality across all operational areas.

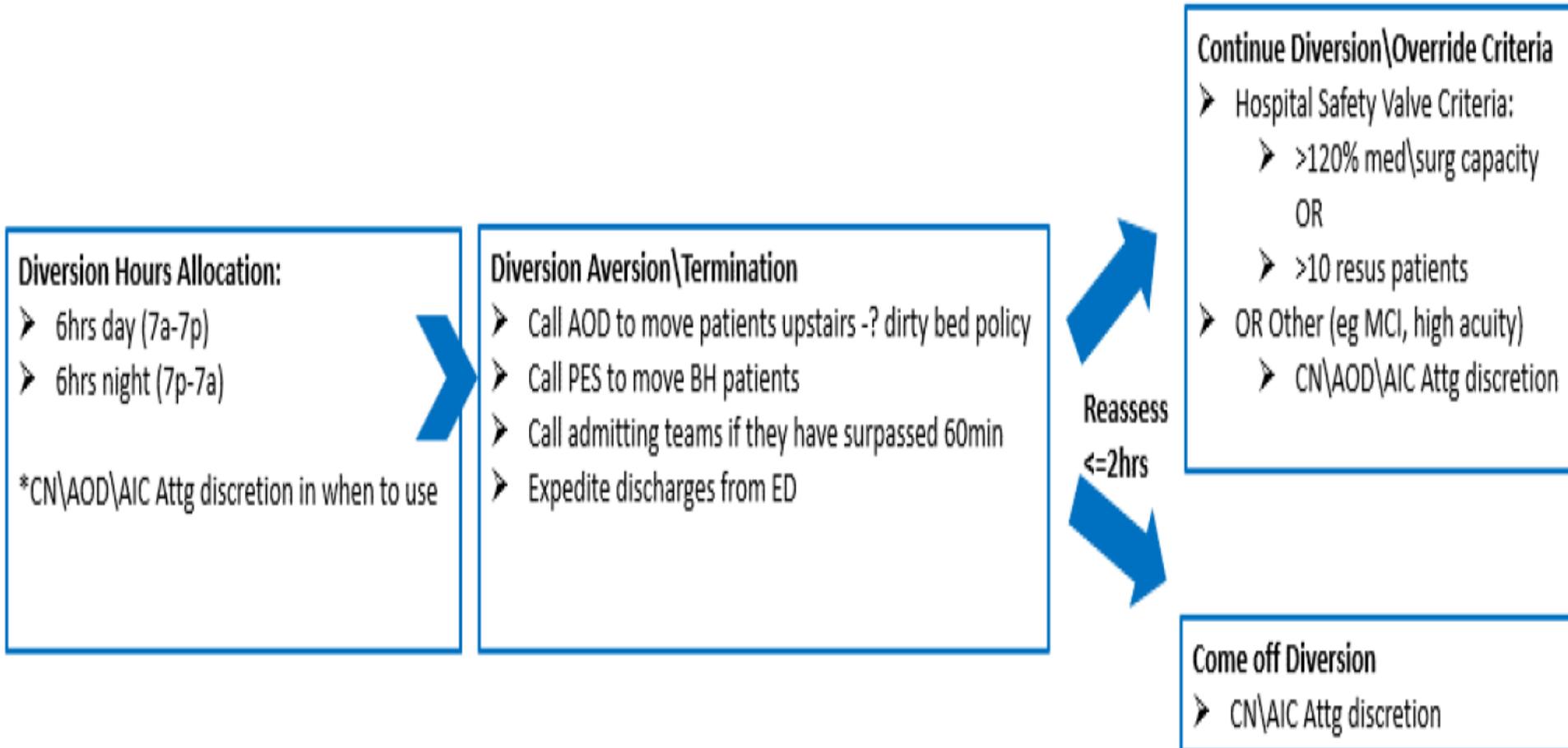
# TARGETS AND GOALS

Operational Area Metric	Baseline	Current	Target
<b>Emergency Department</b> (ambulance diversion rate)	64.9%	44.0%	≤ 50%
<b>Department of Care Coordination</b> (LLOC med-surg patient days)	1,192 days	1,898 days	≤ 950 days
<b>Adult outpatient specialty care clinics</b> (proportion of clinics with TNAA ≤ 21 days)	84.8%	84.8%	≥ 90%

# Access and Flow Achievements

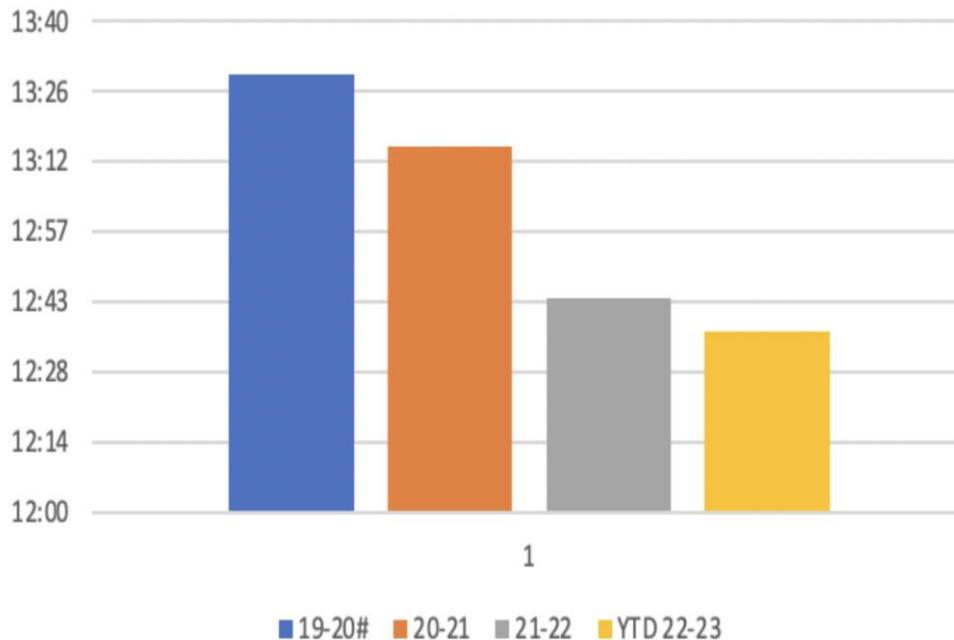
- ✓ **Governance structure** developed and enacted
  - Bi-monthly ZSFG Access and Flow committee meets to examine data, review countermeasures and discuss challenges and opportunities
- ✓ Focused work on **increased hiring of staff** in the emergency department, med-surg units, and perioperative areas
  - Expanded number of physicians on medicine and critical care services
  - Med-Surg registry nurses hired to help with boarding patients in the ED

# AMBULANCE DIVERSION PDSA



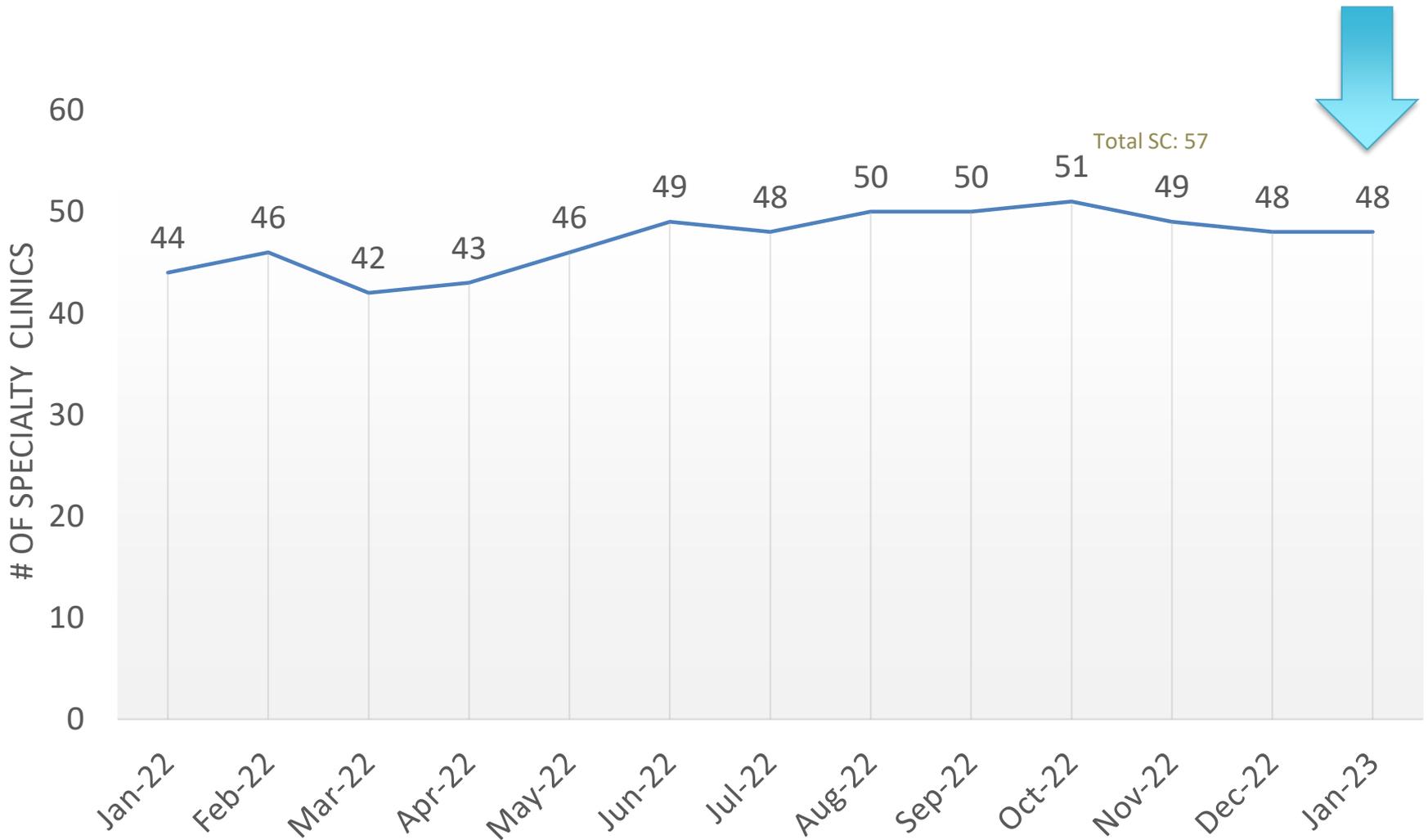
# 4A Skilled Nursing Facility Access Work

FY Comparison Average Discharge Time



- **Mean admission time**
  - Decreased from 17:27 to 15:36
- **Mean discharge time**
  - Decreased from 14:44 to 11:58

# Specialty Care TNAA Run Chart

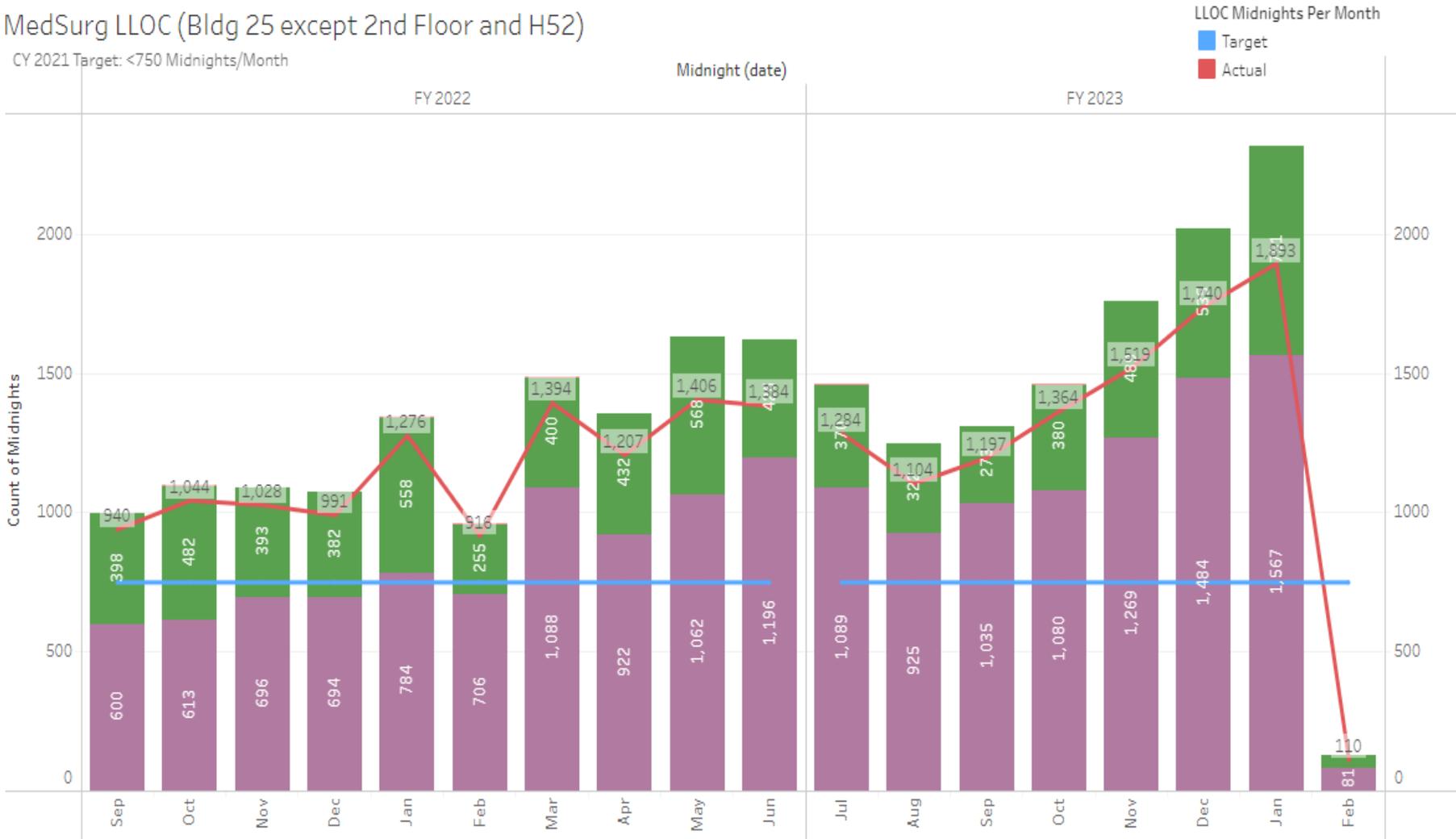




# LLOC Run Chart

MedSurg LLOC (Bldg 25 except 2nd Floor and H52)

CY 2021 Target: <750 Midnight/Month



2/23/2023

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# DoCC/DPH External Flow PDSAs

PDSA	Progress	Example Work Effort
BHS Collaboration	Active 	<ul style="list-style-type: none"> <li>Attendance at Tues/Thurs LLOC Rounds</li> <li>Monthly Leadership Workgroup Mtg</li> </ul>
Reduce referrals to ZSFG for placement	Active 	<ul style="list-style-type: none"> <li>Engaging partners (e.g., APS, ambulatory care etc.)</li> <li>Daily/weekly case discussions</li> </ul>
Chinese Hospital	Active 	<ul style="list-style-type: none"> <li>Daily Referrals</li> </ul>
Medical Respite	Active 	<ul style="list-style-type: none"> <li>Daily Referral and Flow</li> <li>Expanded Access/Criteria</li> </ul>
BHC Collaboration	Planning 	<ul style="list-style-type: none"> <li>Monthly Workgroup Meeting</li> <li>Revisit Process</li> </ul>

# Internal ZSFG DoCC Flow PDSAs

PDSA	Progress	Example New Work Efforts
ED Boarders + Discharge ready patients	Active 	<ul style="list-style-type: none"> <li>Daily case escalation</li> <li>Prioritizing IP beds</li> </ul>
Social Medicine	Active 	<ul style="list-style-type: none"> <li>Rounding in Care Start</li> <li>SUD Navigator</li> </ul>
Expediting procedures/ diagnostics	Active 	<ul style="list-style-type: none"> <li>Prioritizing studies pending dispo</li> </ul>
Home/4C/SNF IV Abx	Active 	<ul style="list-style-type: none"> <li>Process Map, Std Work Complete</li> <li>Education of frontline staff</li> </ul>
Data Improvements	Active 	<ul style="list-style-type: none"> <li>Combine Med + Psych LLOC report</li> <li>↑ actionability of LLOC report</li> </ul>
LLOC Continued Stay	Active 	
LLOC at Admission	Planning 	<ul style="list-style-type: none"> <li>CM Summary Analysis Complete</li> <li>New Std Work Drafted</li> </ul>
EPIC Multi-Disciplinary Rounds Tool	Planning 	<ul style="list-style-type: none"> <li>Leveraging technology to foster + standardize dc planning</li> <li>Weekly Workgroup</li> </ul>
EPIC Expected Discharge Date	Active/ Planning 	<ul style="list-style-type: none"> <li>DoCC RN and MD coaching and education</li> </ul>

# NEXT STEPS

- Expand and leverage LEAN tools and KPO support for the ZSFG flow and access meeting
- Develop access and flow dashboard with key metrics that support the improvement work
- Continue with hiring and training for current staff vacancies
- Collaborate with SF health network, DPH and city partners on increasing placement options for hospitalized patients (med-surg and psychiatry)

# QUESTIONS COMMENTS DISCUSSION

